



Public Health

Prevent. Promote. Protect.

Fargo Cass Public Health

COMMUNITY HEALTH

Assessment 2015/2016

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Background

History

Fargo Cass Public Health has been doing a modified community health assessment on an annual basis for many years. The purpose of this document, the Fargo Cass Community Health Snapshot Report, was to consolidate our community's health related data sets into one document that could easily be used by our partners to improve the health of our community.



In 2011, our community came together to form the Fargo-Moorhead Community Health Needs Assessment Collaborative with the following inaugural partners:

- ▶ Sanford Health
- ▶ Essentia Health
- ▶ United Way of Cass-Clay
- ▶ Dakota Medical Foundation
- ▶ North Dakota State University
- ▶ Fargo Cass Public Health
- ▶ Clay County Public Health
- ▶ Family HealthCare Center
- ▶ Center for Rural Health at the University of North Dakota
- ▶ Southeast Human Services Center

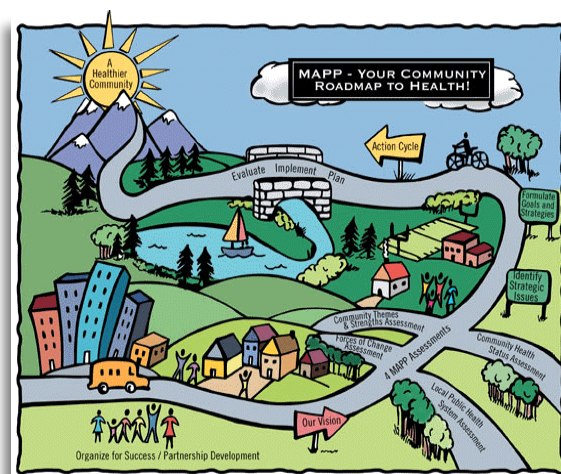
Our community's initial Community Health Assessment and Community Health Improvement Plan was completed in 2012. This process identified these three health priorities; obesity prevention, mental health, and issues for our aging population. From this process, collaboratives were strengthened or established in the community to address these issues. "Cass-Clay Alive" has several initiatives addressing obesity, "Rethink Mental Health," and an active group discussing issues for the aging.

2016 Assessment Process

A modified MAPP process was used during the 2012 and 2016 process. This process was used as a roadmap throughout the community health assessment (CHA) and community health improvement process (CHIP).

The steps utilized in 2016 included:

- ▶ Collection and analysis of primary community data
- ▶ Analysis of secondary data
- ▶ Key stakeholders meeting to review data, brainstormed for opportunities and solutions
- ▶ Collaborative group meetings to review data, identify issues



Community Partners

Many thanks and sincere appreciation to the following Fargo-Moorhead Community Health Needs Assessment Collaborative Members.

Center for Rural Health at the
University of North Dakota

Fargo Cass Public Health

Center for Social Research

North Dakota State Health
Department

Clay County Public Health

North Dakota State University

Dakota Medical Foundation

Southeast Human Services Center

Essentia Health

Sanford Health

Family HealthCare

United Way of Cass-Clay



Data Sources

Primary Data

In March of 2015, a generalized survey was conducted of residents in Cass County, North Dakota and Clay County, Minnesota. The survey was developed in partnership with members of the Fargo-Moorhead Community Health Needs Assessment collaborative (CHNA) and the Center for Social Research (CSR) at North Dakota State University (NDSU). A total of 382 surveys were analyzed. The results were shared at a community meeting on July 15, 2015. The following were the top three community concerns from the survey (listed in order of frequency):

1. Obesity
2. Mental Health
3. Substance Use and Abuse

Secondary Data Sources

The Behavioral Risk Factor Surveillance System (BRFSS) is the world's largest, on-going telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984. Currently, data are collected monthly in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam.

The Youth Risk Behavior Survey (YRBS) was developed by the Division of Adolescent and School Health (DASH), National Center for Chronic Disease Prevention and Health Promotion, and the Centers for Disease Control and Prevention (CDC) in collaboration with several representatives from state and local health education agencies and other federal agencies. This assessment identifies regional YRBS information: Region 5 SEEC includes Cass, Ransom, Richland, Sargent, Steele and Traill counties.

North Dakota Compass is a social indicators project that measures progress in our state, its eight regions, all 53 counties, Native American reservation areas, metropolitan and micropolitan areas, and cities with populations of at least 1,000 people (see [map](#)). Compass tracks trends in topic areas such as children and youth, economy, health, housing, and workforce (with more currently being developed). Compass gives everyone in our state - policymakers, business and community leaders, and concerned individuals who live and work here - a common foundation to identify, understand, and act on community issues that affect our communities.

Community Health Profiles. With assistance from the North Dakota Department of Health - secondary data sources were compiled for Cass County in a document called Cass County Community Health Profile.

This resource includes multiple data tables and provides a useful tool for this assessment. This document shows data over multiple years. The Cass County Community Health Profile yields real weighted values for comparing county level data and statewide data. Additionally, throughout this data book when the term same or similar is used, when comparing the difference between the county and state numbers, there is no statistical difference between the county and state data. The below table lists sources for health profile data tables as identified by the NDDoH. Other data sources utilized are listed, also.

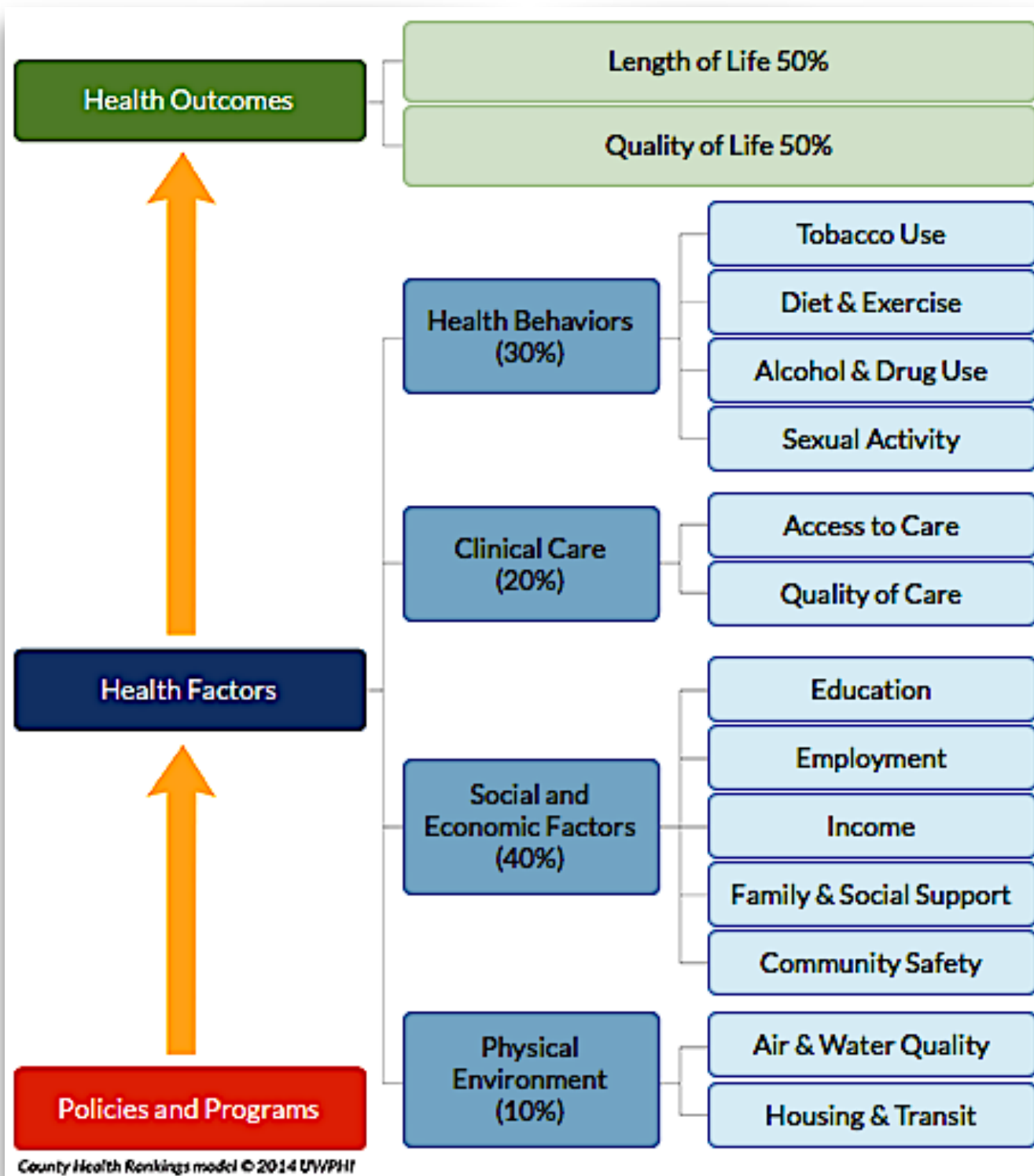
Health Data (Profile) Sources		
Tables	Source	Dates
Population by Age Group	U.S. Census	2011-2013
Female Population	U.S. Census	2011-2013
Race	U.S. Census	2011-2013
Population Change	U.S. Census	2011-2013
Household Populations	American Community Survey (Census) - ACS	2011-2013
Disability	ACS	2011-2013
Marital Status	ACS	2011-2013
Educational Attainment	ACS	2011-2013
Income & Poverty	ACS	2011-2013
Family Income & Poverty	ACS	2011-2013
Births	ND Vital Statistics	2009-2013
Child Deaths	ND Vital Statistics	2009-2013
Age Adjusted Deaths	ND Vital Statistics	2009-2013
Leading Causes of Death	ND Vital Statistics	2009-2013
Behavioral Risk Factors	BRFSS	2011-2013
Crime	County Law Enforcement - BCI Reports	2009-2013
Child Health Indicators	Kids County Aggregate Data	2013

Source: [Cass County Community Health Profile 2015](#)

The County Health Rankings & Roadmaps program is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The annual County Health Rankings bases health status on Health Outcomes (today's health) and Health Factors (tomorrow's health).

The County Health Rankings model below was used to help understand what influences how healthy residents are and how long they will live. Data reviewed in the Cass County Community Health Assessment supports the County Health model. A variety of data measures that can impact the future health of the community were considered.

County Health Rankings Model



Demographics

Population

City of Fargo	115,863
Cass County	167,005

Source: 2014 US Census Bureau Estimates

Cass County Ethnic Population Distribution

White	91.1%
Black	2.9%
Asian	2.6%
American Indian	1.0%
Pacific Islander	0.0%
Other	0.3%
Multirace	2.1%

Source: 2014 US Census Bureau Estimates

Cost of Living

Our cost of living indices are based on a US average of 100. An amount below 100 means Fargo, ND is cheaper than the US average. A cost of living index above 100 means Fargo, ND is more expensive.

	Fargo	United States
Overall	98	100
Grocery	106.1	100
Utilities	90	100
Miscellaneous	99	100

*The cost index of those goods and services not included in other cost of living categories. Including clothing, restaurants, repairs, entertainment and other services.

Source: [Sperling's Best Places](#)

Location Data

Land Area

Fargo	48.82 sq. miles
West Fargo	14.72 sq. miles
Cass County	1,768 sq. miles

Climate

Average High Temperature

Spring	53°
Summer	80°
Fall	55°
Winter	21°
Annual Average Precipitation:	22.58 in.

Housing

Housing mean prices 2013

All housing units	\$211,046
Detached houses	\$224,749
Townhouses or other attached units	\$175,496
In 5-or-more-unit structures	\$137,594
Mobile homes	\$71,377
Median gross rent in 2013	\$702

Source: [City-Data.com](#)

Age of Housing, 2011-2013 ACS Three Year Estimates

	Cass County		North Dakota	
	Number	Percent	Number	Percent
Housing units: Total	72,503	100.0%	329,970	100.0%
1980 and later	40,702	56.1%	128,111	38.8%
1970 to 1979	12,467	17.2%	66,396	20.1%
Prior to 1970	19,334	26.7%	135,463	41.1%

Source: [Cass County Community Health Profile 2015](#)

Education

Education Attainment Among Persons 25+, 2013 ACS Estimates

Education	Cass County		North Dakota	
	Number	Percent	Number	Percent
Less Than 9th Grade	3,085	3.1%	19,226	4.2%
Some High School	2,787	2.8%	21,057	4.6%
High School or GRE	20,703	20.8%	125,429	27.4%
Some College / Assoc. Degree	36,429	36.6%	168,002	36.7%
Bachelor's Degree	26,774	26.9%	89,723	19.6%
Post Graduate Degree	9,754	9.8%	34,791	7.6%
Total	99,532	100.0%	457,771	100.0%

Source: [Cass County Community Health Profile 2015](#)

Employment

Industry Sector	Employees
Health Care and Social Assistance	16,169
Retail Trade	13,288
Government	12,535
Accommodation and Food Services	10,592
Manufacturing	8,909
Construction	8,622
Finance and Insurance	8,217
Wholesale Trade	8,154
Professional and Technical Services	5,894
Administrative and Waste Services	5,561

Source: Quarterly Census of Employment & Wages Program, 2015

Cass County	
Labor Force	94,932
Employed	92,898
Unemployed	2,034
Unemployment Rate	2.1%

Source: Labor Market Information Center, Job Service ND, 12/2015

Income

Estimated median household income \$52,015

Estimated per capita income \$29,681

Source: [Cass County Community Health Profile 2015](#)



Business

Major Employers

Sanford Health	Hospitals
North Dakota State University	Educational Services
Noridian Mutual Insurance Company	Insurance Carriers and Related Activities
Fargo Public Schools	Educational Services
Essentia Health	Hospitals

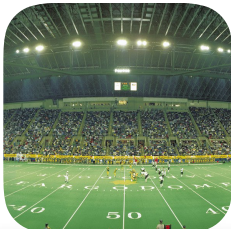
Source: [Job Service North Dakota](#)

Community Facilities

Hospitals
Sanford Health
Essentia Health - Fargo
Fargo VA Health Care System
Prairie St. John's



Clinics
Sanford Health
Essentia Health
Heartland Independent Network



Other	
Roger Maris Cancer Center	Sanford Heart Center
Multiple Sclerosis MS Center	Essentia Health Cancer Center
Parkinson's Clinic	Essentia Health Heart & Vascular Center
Eating Disorder Institute	Pediatric Cardiology Clinic



Health Outcomes

Mortality

Mortality (DEATH) - the incident of death in a population.

Leading Causes of Death by Age Group for North Dakota, 2006 - 2010			
Age	1	2	3
0-4	Congenital Anomaly 69	Prematurity 44	SIDS 40
5-14	Unintentional Injury 26	Cancer 10	Congenital Anomaly 6
15-24	Unintentional Injury 184	Suicide 109	Cancer 20
25-34	Unintentional Injury 166	Suicide 91	Heart 32
35-44	Unintentional Injury 173	Heart 94	Cancer 88
45-54	Cancer 493	Heart 335	Unintentional Injury 194
55-64	Cancer 1,001	Heart 579	Unintentional Injury 137
65-74	Cancer 1,562	Heart 843	COPD 313
75-84	Cancer 1,992	Heart 1,797	COPD 626
85+	Heart 3,421	Alzheimer's Disease 1,391	Cancer 1,352

Source: [Cass County Community Health Profile 2015](#)

Leading Causes of Death by Age Group for Cass County, 2009 - 2013			
Age	1	2	3
0-4	Anomaly 8	Unintentional Injury 6	SIDS 5
	Prematurity 8		
5-14	Cancer	Unintentional Injury	Pneumonia/Flu
15-24	Unintentional Injury 15	Cancer	Anomaly
	Suicide 15		Pneumonia/Flu
25-34	Unintentional Injury 25	Suicide 19	Heart 8
35-44	Suicide 24	Unintentional Injury 23	Heart 21
45-54	Heart 77	Cancer 62	Unintentional Injury 26
55-64	Cancer 195	Heart 122	COPD 31
65-74	Cancer 232	Heart 131	COPD 44
75-84	Cancer 236	Heart 211	COPD 89
85+	Heart 409	Alzheimer's Disease 216	Cancer 209

Source: [Cass County Community Health Profile 2015](#)

Leading causes of death in Cass County:

- ▶ Cancer and heart disease are the top two leading causes of death for people age 45 and older in county.
- ▶ Unintentional injury and suicide are the top causes of death for people in Cass county for people age 15-44.
- ▶ Cancer and Heart Disease remain the top 2 leading causes of death

Similarities are seen between Cass County, the State of North Dakota and the U.S. leading causes of death.

Leading Causes of Death in the U.S. 2014		Leading Causes of Death in North Dakota 2014	
Heart Disease	614,348	Heart Disease	1,352
Cancer	591,699	Cancer	1,267
Chronic lower respiratory diseases	147,101	Alzheimer's disease	441
Accidents (unintentional injuries)	136,053	Accidents (unintentional injuries)	333
Stroke (cerebrovascular diseases)	133,103	Chronic lung diseases	324
Alzheimer's disease	93,541	Stroke (cerebrovascular diseases)	318
Diabetes	76,488	Influenza and Pneumonia	189
Influenza and Pneumonia	55,227	Diabetes	176
Nephritis, nephrotic syndrome, and nephrosis	48,146	Intentional self-harm (suicide)	133
Intentional self-harm (suicide)	42,773	High blood pressure (hypertension)	84

Source: CDC Leading Causes of Death

Source: North Dakota Dept of Health, Fast Facts 2014

Health Factors

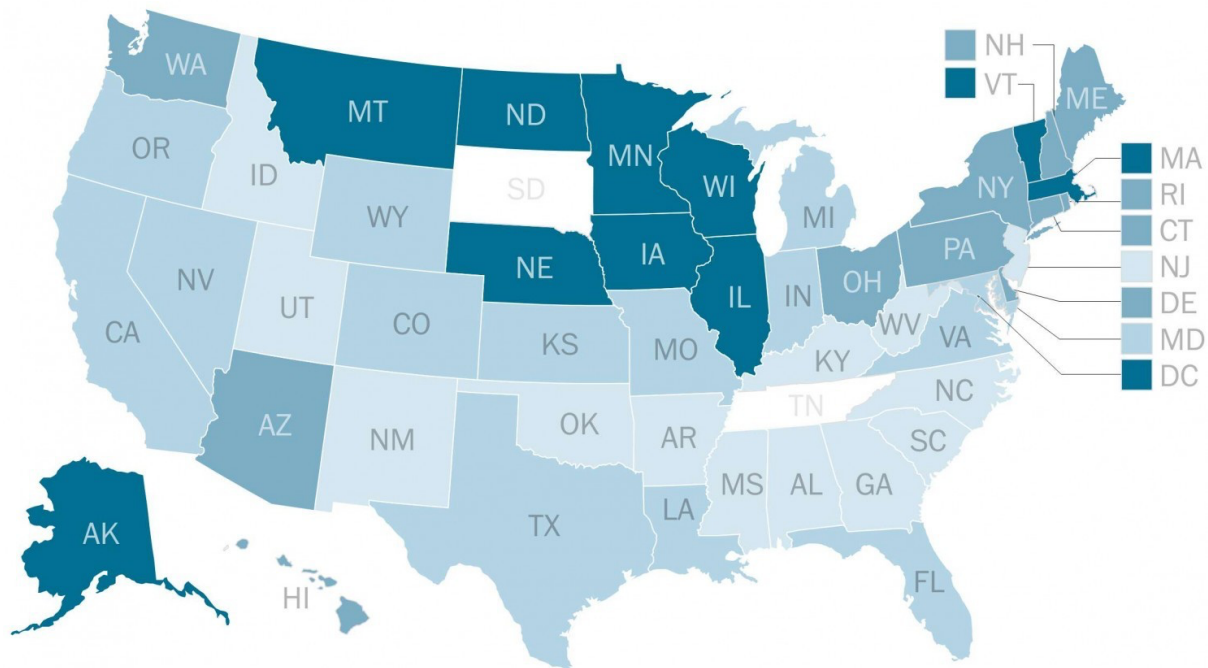
Alcohol

In 2010, the North Dakota Department of Human Services Division (NDDHS) of Mental Health and Substance Abuse Services Substance Abuse Prevention was awarded the Strategic Prevention Framework State Incentive Grant (SPF SIG). In 2013, NDDHS contracted with local public health units to conduct a community assessment and strategic plan to address two statewide issues identified by the Governor's Prevention Advisory Council on Drugs and Alcohol. The two statewide priorities include underage drinking and adult binge drinking. Fargo Cass Public Health worked with community partners to implement primary prevention strategies for prevention of underage drinking and adult binge drinking through September 2016. Community partners included Maple Valley, Kindred, Northern Cass and Fargo Public School, Fargo and West Fargo Police Departments, Cass County Sheriff's Office, Casselton Youth Task Force, North Dakota State University President's Council on Alcohol and Other Drugs, Video Arts Studios and media and alcohol outlets. A community forum was held to communicate the SPF SIG process and gather input for the strategic plan.

Prevalence of binge drinking

The percentage of heavy drinkers tends to be higher in the Midwest and Northeast.

● 20 or more
 ● 18-19
 ● 16-17
 ● up to 16
 ○ No data

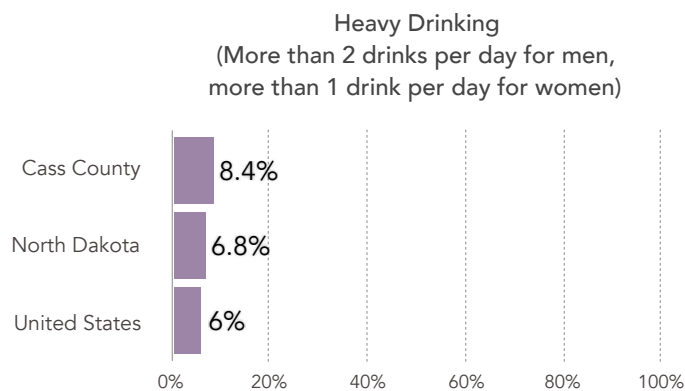


Source: CDC

THE WASHINGTON POST

How does Cass County compare to ND?

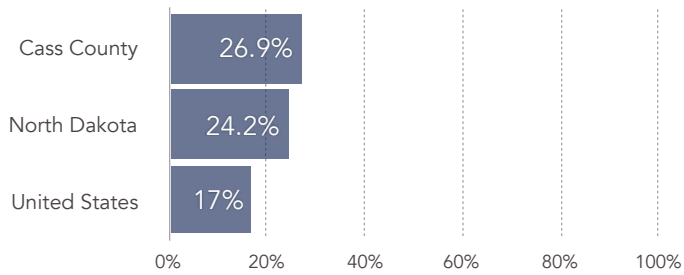
Cass County's rate is higher than the North Dakota average for Adult Binge Drinking and higher than the national average of 17%.



Percentage of respondents in Cass County who reported heavy drinking is higher than the ND and U.S. average.

Source: [Cass County Community Health Profile 2015](#)

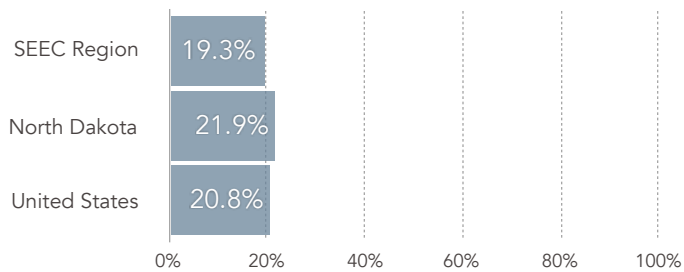
Adult Binge Drinking (5 drinks men/4 drinks women in couple hrs)



Percentage of respondents in Cass County who reported binge drinking is higher than both the ND and U.S. average.

Source: [Cass County Community Health Profile 2015](#)

Youth Binge Drinking (5 or more drinks in couple hours)



Percentage of High School students (Grades 9-12) in the Southeast region who reported binge drinking is lower than the ND average.

Source: [YRBS ND 2013](#)

Tobacco

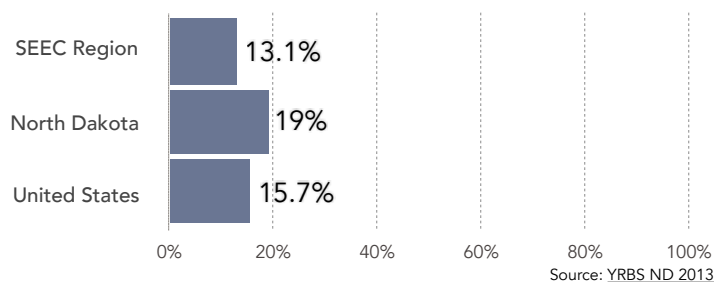
Cigarette Smoking

Tobacco use is the leading cause of preventable death and disability in North Dakota. The current adult smoking rate in Cass County is 19.3%, which is lower than the current North Dakota adult smoking rate at 21.6%.

Youth smoking rates in North Dakota rank among the highest in the nation. The youth smoking rate in the SEEC Region is 13.1% and the North Dakota youth smoking rate is 19%. In comparison, the national rate of youth smoking is 15.7%.

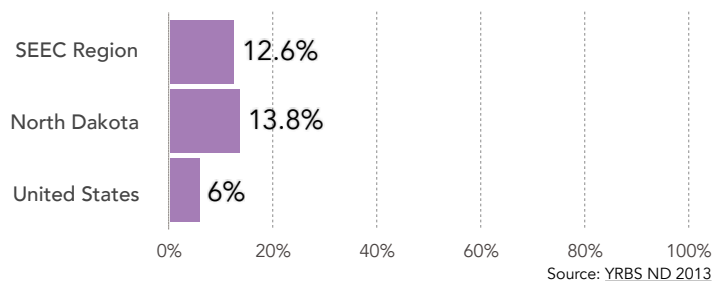
Youth smokeless tobacco rates in both the SEEC Region and North Dakota are higher than the United States rate.

High school students who smoked cigarettes on one or more of the past 30 days



Source: [YRBS ND 2013](#)

High school students who used smokeless tobacco on one or more of the past 30 days



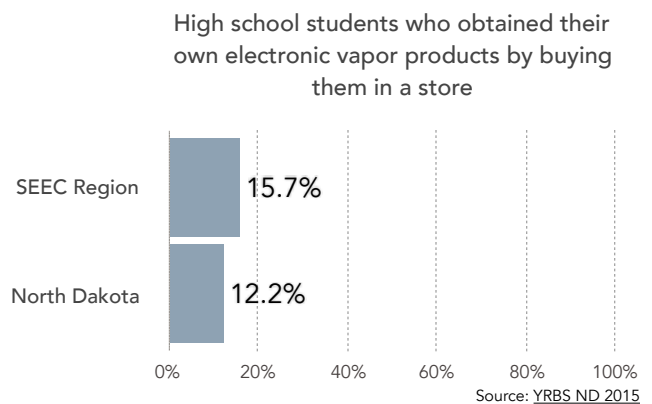
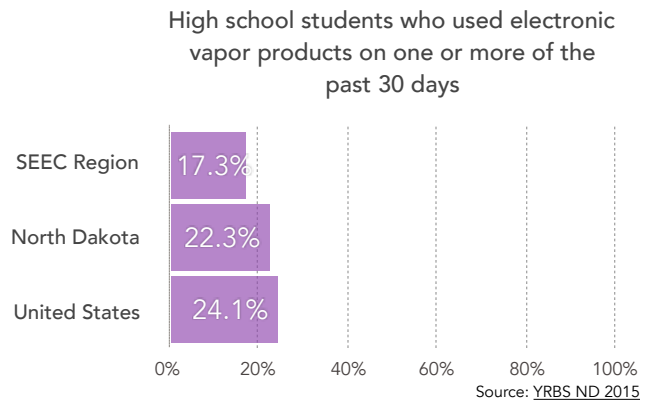
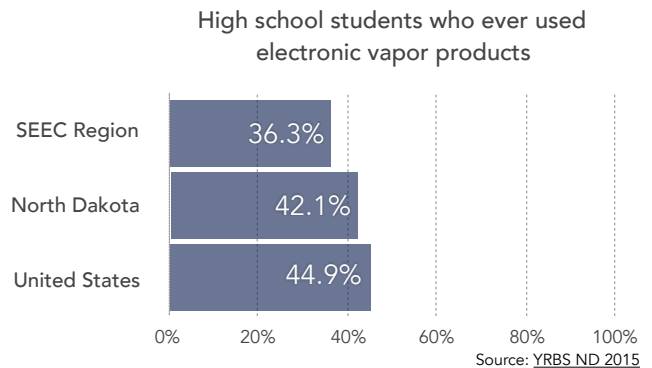
Source: [YRBS ND 2013](#)

E-cigarettes/Vaping

Electronic cigarettes, also known as e-cigarettes, electronic smoking devices, vape sticks, vape pens, e-hookahs, e-pens and MODS, are battery-operated devices that allow users to inhale an aerosol (vapor) containing nicotine, flavorings as well as other substances. It is vital to understand that the terms **“e-cigarettes” and “vapes” are interchangeable and are used for essentially the same purpose.** It is common for the makers of the devices to refer to them as vapes in an effort to market themselves separately from traditional cigarettes and the tobacco industry.

E-cigarettes use a heating element to heat the liquid from a tank or cartridge. Many of these devices contain nicotine, including some that claim they are nicotine free. Vaping products expose others to secondhand aerosols, which can contain carcinogens like formaldehyde, and also pose a significant risk of nicotine poisoning to children. Because these products are so new, there is no current understanding of the health consequences from long-term use to the user or bystander.

The FDA recently announced several regulations for the e-cig industry that will go into effect in August of 2016, until that time, **no federal regulations exist.** Many states and cities have taken action to put in place laws and ordinances that regulate vaping devices but more action is needed, particularly at the federal level. North Dakota law contains two provisions through which electronic cigarettes are regulated: youth access to tobacco and smoke-free air. The youth access law prohibits minors from using, possessing, or purchasing electronic smoking devices, alternative nicotine products or any of their component parts, and requires child-resistant packaging for liquid nicotine containers. In addition, the act of using an electronic cigarette/vaping falls under the definition of smoking in the state smoke-free law and is therefore prohibited in the same locations as use of traditional cigarettes.



While youth smoking rates have declined, both in North Dakota and nationwide, youth e-cigarette usage is on the rise. Lack of regulation around marketing and advertising practices of the e-cigarette industry is of concern, as is the availability of 7,700 flavors of the liquid/e-juice used in e-cigarettes/vape devices. Many vaping devices do not look like regular cigarettes, making it easy for users to vape discreetly, which is attractive to young people. Added to these issues is the misconception that e-cigs are safer than traditional cigarettes; however, there is no reliable scientific evidence to substantiate this claim. Tobacco advocates attribute these issues to the surge in popularity and use among teens and young adults.

E-cigarette/Vaping baseline data

The 2015 YRBS was the first data captured regarding e-cigarette use among high school students. In ND, 22.3% of teens reported current use of an electronic vapor product. The tobacco control community anticipates this number will only increase over time, given the baseline measurement. Along with the issues mentioned previously, the problem of access to these products is of great concern. While 12% of ND teens report they obtain vaping products from stores, anecdotal evidence suggests access is also gained through online sales as well as through friends and family.

The tobacco control community should approach regulation of, and education on, e-cigarettes in a manner similar to that of traditional cigarettes and other tobacco products.

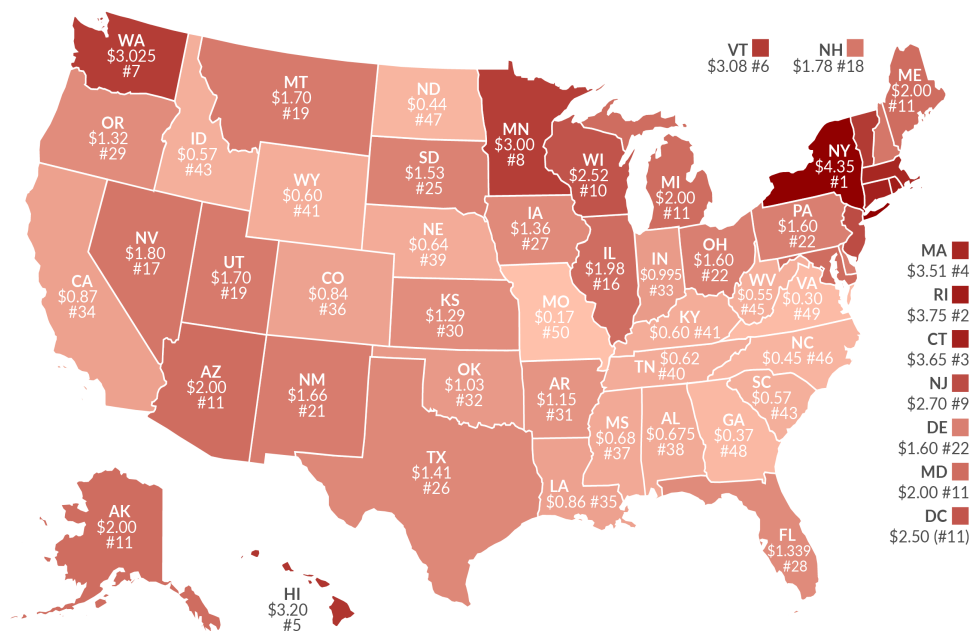
With comprehensive tobacco education and prevention efforts, smoking rates have dropped in both adults and youth.

Tobacco Tax

Current research indicates that interventions to increase the unit price for tobacco products are effective both in reducing the number of people who start using tobacco and increasing the number who quit.

How High Are Cigarette Taxes in Your State?

State Cigarette Excise Tax Rates as of Jan. 1, 2016 (dollars per 20-pack)



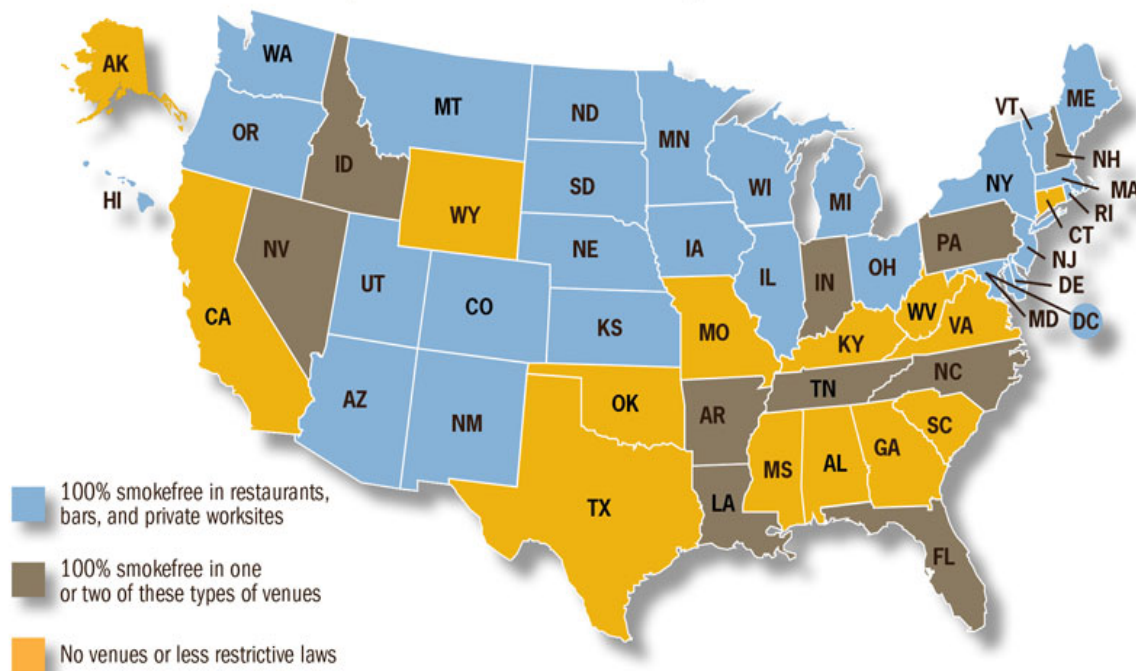
The current excise tax in North Dakota on cigarettes is 44 cents per pack, ranking 47th in the nation. The last significant increase in the tax occurred in 1993 when the tax was raised from 29 cents to the current 44 cents per pack. Efforts to increase the tobacco tax have failed during the last two North Dakota Legislative sessions. A poll conducted in December of 2014 showed North Dakotans overwhelmingly support an increasing the tobacco tax to \$2.00 per pack.

Secondhand Smoke

There is no safe level of secondhand smoke. Secondhand smoke causes numerous health problems in infants and children, including severe asthma attacks, respiratory infections, ear infections, and sudden infant death syndrome (SIDS). Some of the health conditions caused by secondhand smoke in adults include heart disease and lung cancer.

Statewide Smokefree Laws

Statewide smokefree indoor air laws for restaurants, bars, and private worksites vary from state to state.



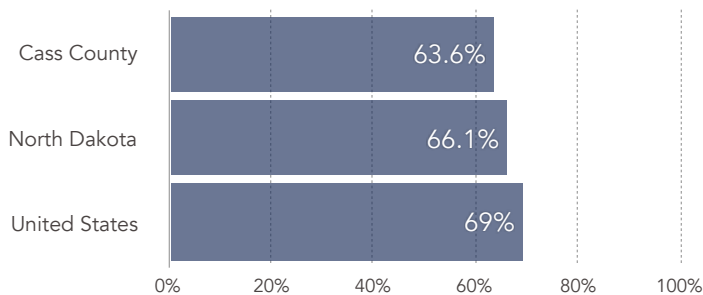
SOURCE: STATE System, Tobacco Control Interactive Maps, Legislation – Smokefree Indoor Air.

The North Dakota smoke-free law was voted on and passed November 6, 2012. The law took effect on December 6, 2012. Implementing comprehensive smoke-free policies is effective at eliminating tobacco related pollution and saving lives. According to BreatheND, Fargo's comprehensive smoke-free law reduced air pollution in bars by 98%.

Diet & Exercise

Adult and youth obesity rates in Cass County are lower than North Dakota and US average rates. While the rates are lower, obesity remains a risk factor for numerous chronic diseases.

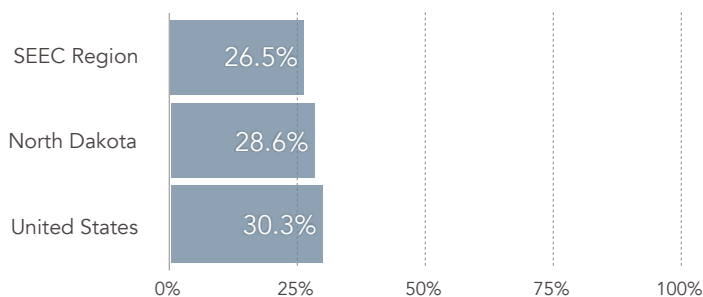
Adult Obesity Prevalence
(Sum of overweight + obese)



Percentage of adult overweight or obese in Cass County is slightly lower than the average for both ND and the US.

Source: [Cass County Community Health Profile 2015](#)

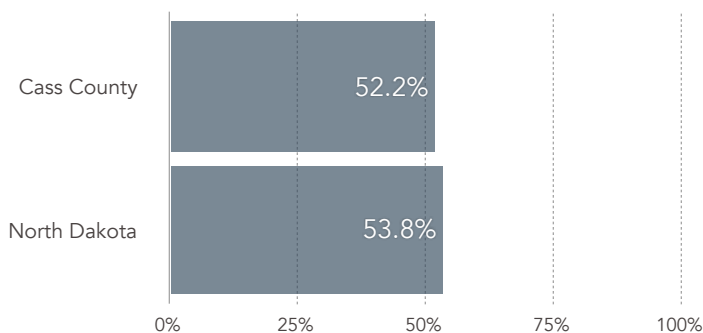
Youth Obesity Prevalence
(overweight or obese)



Percentage of youth overweight or obese in SEEC Region is lower than the average for both ND and the US.

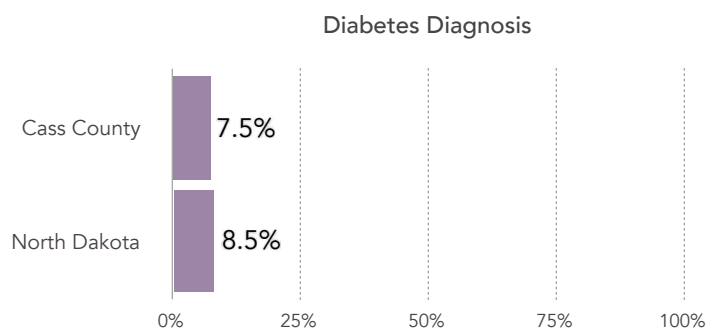
Source: [YRBS ND 2013](#)

Lack of Physical Activity



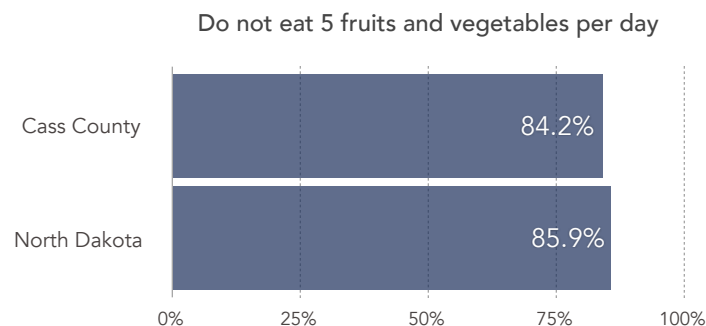
Percentage of respondents in Cass County who reported they did not get the recommended amount of physical activity is lower than the ND average.

Source: [Cass County Community Health Profile 2015](#)



Percentage of respondents in Cass County who reported they have been told by a doctor that they had diabetes is lower than the ND average.

Source: [Cass County Community Health Profile 2015](#)



Percentage of respondents in Cass County who reported they do not usually eat 5 fruits and vegetables per day.

Source: [Cass County Community Health Profile 2015](#)

Birth Data

Birth Rate

Teen pregnancies and rate is lower for Cass County than North Dakota as shown in the table below.

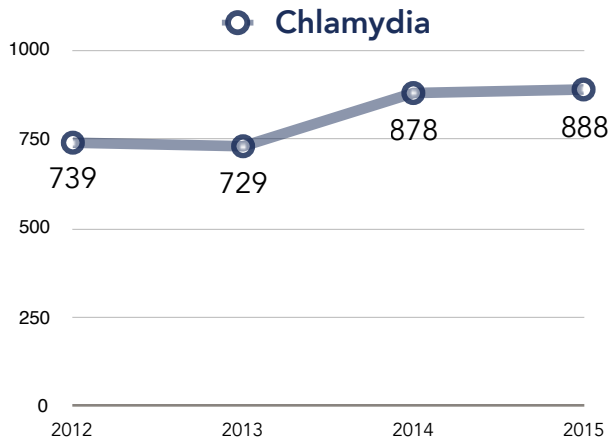
Births, 2009-2013	Cass County		North Dakota		United States	
	Number	Rate or Ratio	Number	Rate or Ratio	Number	Rate or Ratio
Live Births and Rate	11,391	14	47,959	14	3,932,181	12
Pregnancies and Rate	12,855	16	52,505	15	—	—
Fertility Rate	—	61	—	72	—	63
Teen Births and Rate	478	7	2,118	12	276,203	17
Teen Pregnancies and Rate	622	10	3,725	21	—	—
Out of Wedlock Births and Ratio	3,162	278	15,686	327	1,595,873	406
Out of Wedlock Pregnancies and Ratio	4,379	341	19,436	370	—	—
Low Birth Weight Birth and Ratio	713	63	3,078	64	315,099	80

Source: [Cass County Community Health Profile 2015](#)

Sexually Transmitted Infections

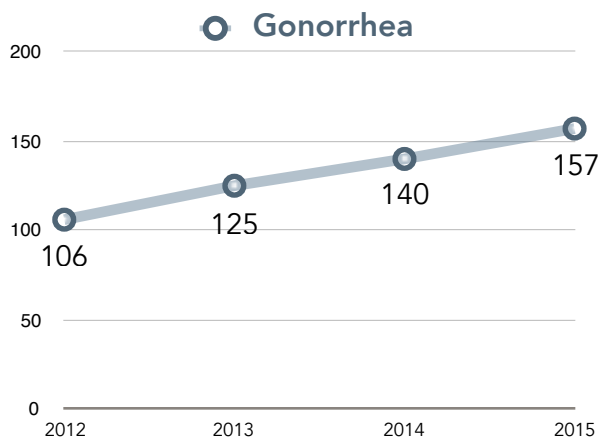
The three notifiable sexually transmitted infections of which there are federally funded control programs include Chlamydia, Gonorrhea and Syphilis. The following graphs from the ND Department of Health illustrate the number of positive cases per year for Cass County.

Cass County STD data



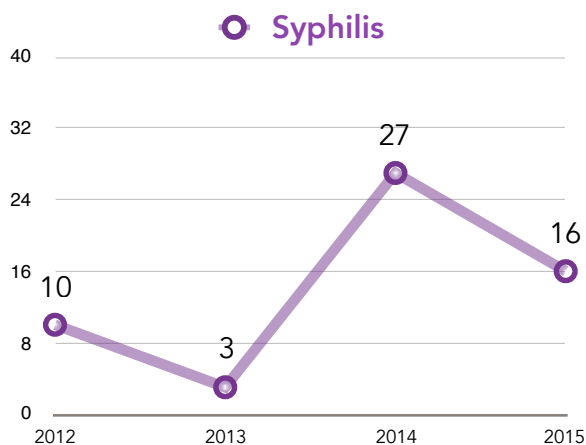
In North Dakota, there were 3,186 total reported chlamydia cases in 2015.

Source: [North Dakota Department of Health](#)



In North Dakota, there were 687 total reported gonorrhea cases in 2015.

Source: [North Dakota Department of Health](#)



In North Dakota, there were 43 total reported syphilis cases in 2015.

Source: [North Dakota Department of Health](#)

Health Conditions

Health Conditions/Screening Rates (Tables 19, 20 and 21)	2011 - 2013	
	Cass County	North Dakota
Heart Attack	3.1%	4.3%
Angina	3.4%	4.1%
Stroke	2.2%	2.3%
Cardiovascular disease	6.0%	7.6%
Fecal Occult Blood	82.4%	86.2%
≥50 never had a colonoscopy/sigmoidoscopy	36.6%	38%
Women ≥40 years no mammogram in past 2 years	23.3%	26.4%
Women ≥18 years no pap smear in past 3 years	25.5%	23.7%
Ever told by health provider they had a heart attack	3.1%	4.3%
Never had cholesterol test	22.8%	22.3%
Ever told they had diabetes	7.5%	8.5%

Source: [Cass County Community Health Profile 2015](#)

Access to Care

Access to Health Care	2011 - 2013	
	Cass County	North Dakota
Health Insurance (Respondents who reported not having any form of health care coverage)	12.1%	12.4%
Access Limited by Cost (Respondents who reported needing to see a doctor during the past 12 months but could not due to cost)	8.2%	8.1%
No Personal Provider (Respondents who reported that they did not have one person they consider to be their personal doctor or health care provider)	27.0%	26.0%

Source: [Cass County Community Health Profile 2015](#)

Social and Economic Factors

Education

Fargo is a college town hosting three major universities in the Fargo Moorhead area. The percentage of graduate and postgraduate degree attainment is reflected in this data.

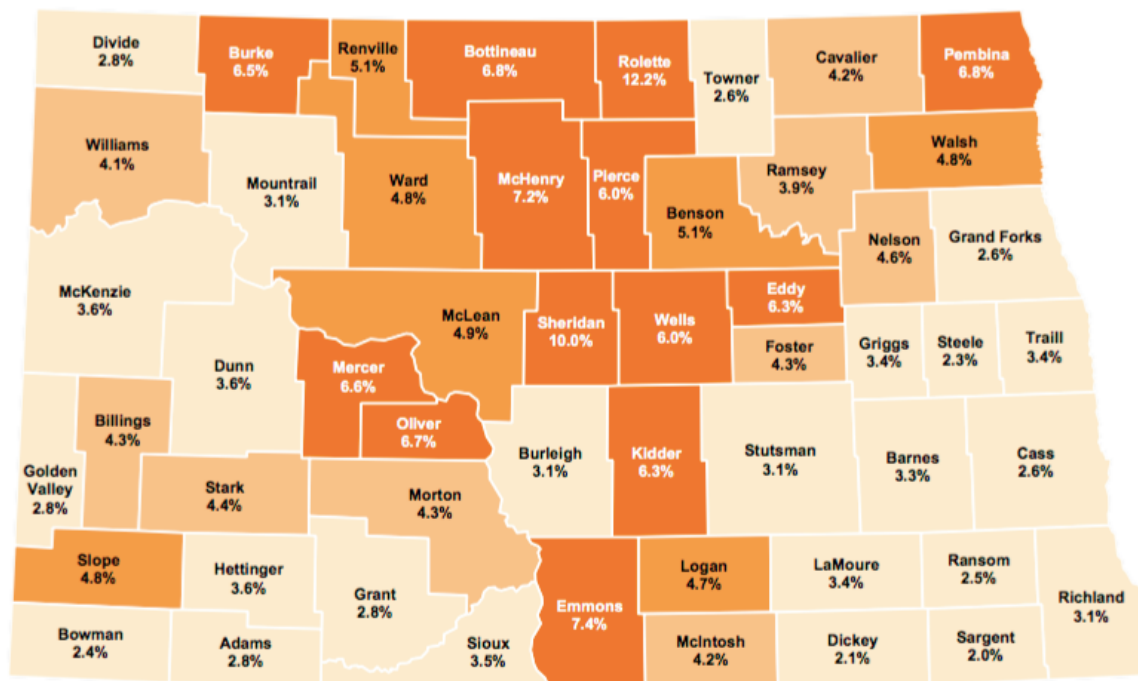
Educational Attainment Among Persons 25+, 2011-2013 ACS Three Year Estimate				
Education	Cass County		North Dakota	
	Number	Percent	Number	Percent
Total	99,532	100.0%	457,771	100.0%
Less than 9th Grade	3,085	3.1%	19,226	4.2%
Some High School	2,787	2.8%	21,057	4.6%
High School or GRE	20,703	20.8%	125,429	27.4%
Some College / Assoc. Degree	36,429	36.6%	168,002	36.7%
Bachelors Degree	26,774	26.9%	89,723	19.6%
Post Graduate Degree	9,754	9.8%	34,791	7.6%

Source: Cass County Community Health Profile 2015

Unemployment

Unemployment rates as of February 2016 (ND Workforce Intelligence and Bureau of Labor Statistics): Cass County 2.6%; ND 3.7% and U.S. 5.5%.

NORTH DAKOTA COUNTY UNEMPLOYMENT RATES



North Dakota Unemployment Rate (Not Seasonally Adjusted): 3.7%

COUNTY UNEMPLOYMENT RATES (FEBRUARY 2016)

Below 3.7% 3.7% to 4.6% 4.7% to 5.6% Above 5.6%

Source: Labor Market Information Center, Job Service North Dakota, Local Area Unemployment Statistics

[Map Creation Date: March 23, 2016 Author: Labor Market Information Center, Job Service North Dakota]

Income and Poverty

In Cass County children, a higher percentage of children under the age of 5 live in poverty in comparison with the rest of the state. However, individuals over the age of 65 present with significantly lower rates in Cass County than the North Dakota rate.

Income and Poverty Status by Age Group, 2011-2013 ACS Three Year Est.				
	Cass County		North Dakota	
Median Household Income	\$52,015		\$54,920	
Per Capita Income	\$29,681		\$30,436	
	Number	Percent	Number	Percent
Below Poverty Level	23,213	14.7%	80,644	11.9%
Under 5 years	2,160	20.1%	7,714	16.9%
5 to 11 years	1,935	14.4%	7,944	13.2%
12 to 17 years	981	8.9%	5,776	11.8%
18 to 64 years	17,253	16.2%	49,568	11.6%
65 to 74 years	232	2.7%	3,448	7.0%
75 years and over	652	8.5%	6,194	13.7%
Total Known Children in Poverty	5,076	14.3%	21,434	13.3%
Total Known Age 65+ in Poverty	884	5.2%	9,642	9.4%

Source: [Cass County Community Health Profile 2015](#)

Homelessness

The North Dakota Coalition for Homeless People has provided the below numbers from an annual Point In Time (PIT) count. Region 5 contains Cass, Ransom, Richland, Sargent, Steele, and Traill counties. For more information, please visit: NDhomelesscoalition.org

Total Households and Persons, 2015	Region 5		North Dakota	
	Sheltered	Unsheltered	Sheltered	Unsheltered
Total Number of Households	228	*	656	325
Total Number of Persons	283	*	819	486
Number of Children (under age 18)	57	*	165	100
Number of Persons (18 to 24)	37	*	111	41
Number of Persons (over age 24)	189	*	543	345

*Unsheltered data is not available on a regional level

Family & Social Support

Cass County is higher than North Dakota for families with mothers in the labor force and children living in a single parent family.

Child Indicators: Families and Child Care 2013	Cass County		North Dakota	
	Number	Percent	Number	Percent
Mothers in Labor Force with a Child Ages 0-17 (Percentage of all mothers with a child ages 0-17)	14,015	84%	57,908	81%
Children Ages 0-17 Living in a Single Parent Family (Percentage of all children ages 0-17)	7,616	23%	34,591	23%
Children in Foster Care (Percentage of children ages 0-18)*	388	1.1%	2,019	1.2%

Source: [Cass County Community Health Profile 2015](#)

Community Safety

Crime

Fargo is the largest city in North Dakota and the crime data reflects that of a more metro area. Cass County's five-year crime rate is higher than the North Dakota rate.

Cass County							
	2009	2010	2011	2012	2013	5-Year	5-Year Rate
Murder	3	0	1	2	3	9	1.2
Rape	68	58	55	79	74	334	43.9
Robbery	39	39	52	54	63	247	32.4
Aggrav. Assault	262	273	359	345	365	1,604	210.6
Violent Crime	372	370	467	480	505	2,194	288.1
Burglary	876	632	585	617	904	3,614	474.6
Larceny	2,870	2,777	2,698	2,799	2,831	13,975	1,835.1
Motor Vehicle Theft	296	216	164	198	224	1,098	144.2
Property Crime	4,042	3,625	3,447	3,614	3,959	18,687	2,453.9
Total	4,414	3,995	3,914	4,094	4,464	20,881	2,742.0

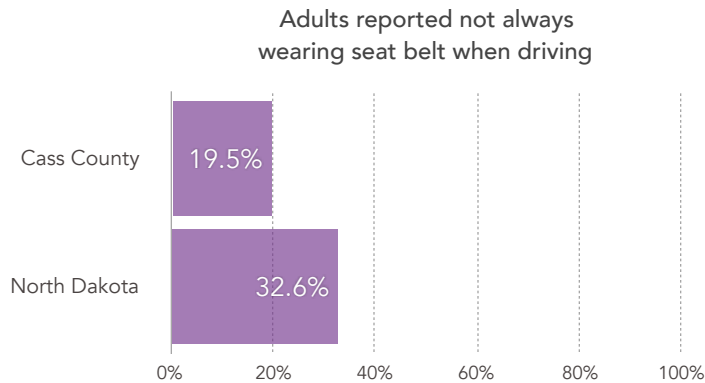
Source: [Cass County Community Health Profile 2015](#)

North Dakota							
	2009	2010	2011	2012	2013	5-Year	5-Year Rate
Murder	15	11	15	20	14	75	2.2
Rape	206	222	207	243	237	1,115	32.6
Robbery	102	85	91	117	151	546	16.0
Aggrav. Assault	795	847	1,040	1,071	1,156	4,909	143.6
Violent Crime	1,118	1,165	1,353	1,451	1,558	6,645	194.3
Burglary	2,180	1,826	2,227	2,200	2,656	11,089	324.3
Larceny	8,699	8,673	9,344	10,184	10,243	47,143	1,378.6
Motor Vehicle Theft	854	825	763	854	1,228	4,524	132.3
Property Crime	11,733	11,324	12,334	13,238	14,127	62,756	1,835.2
Total	12,851	12,489	13,687	14,689	15,685	69,401	2,029.5

Source: [Cass County Community Health Profile 2015](#)

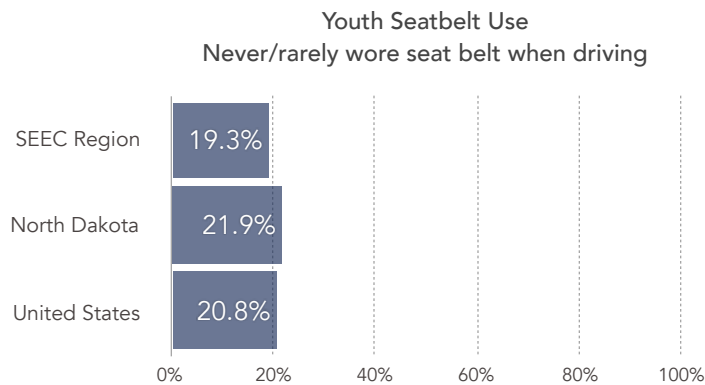
Seat Belts

Seat belt usage by youth in Cass County is higher than the state and national average. However, close to 20% of our youth report never or rarely wearing a seatbelt while driving.



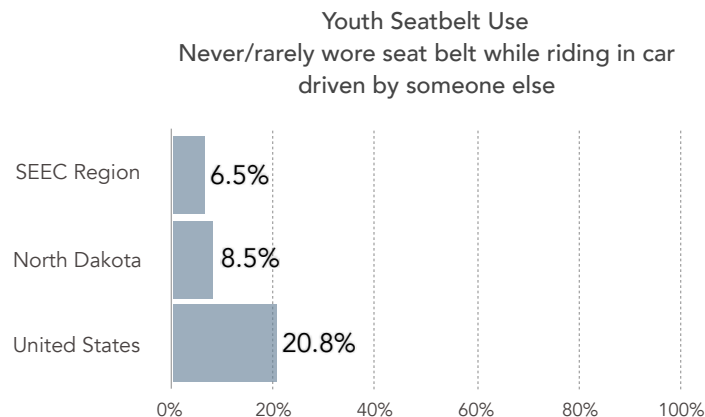
Percentage of respondents in Cass County who reported not always wearing their seat belt when driving is lower than the ND average.

Source: [Cass County Community Health Profile 2015](#)



Percentage of youth respondents in the SEEC Region who reported that they never or rarely wore a seat belt when driving is lower than both the North Dakota and U.S. average.

Source: [YRBS ND 2013](#)



Percentage of youth respondents in the SEEC Region who reported they have never or rarely wore a seat belt while riding in a car driven by someone else is lower than both the North Dakota and U.S. average.

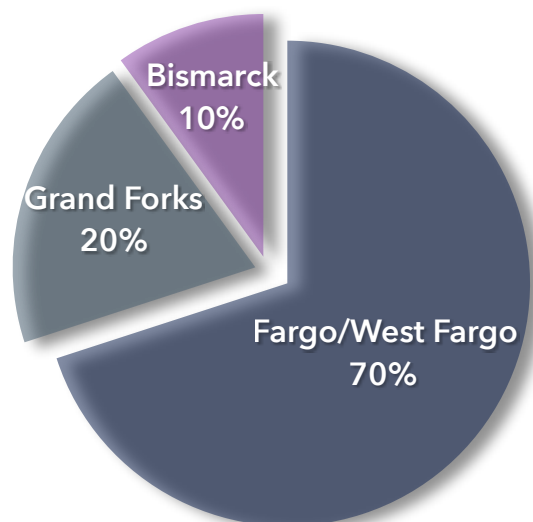
Source: [YRBS ND 2013](#)

New Americans/Refugee

A refugee is defined as a person who has been forced to leave their country in order to escape war, persecution, or natural disaster. North Dakota has taken in more refugees per capita than any other state in the United States. According to Lutheran Social Services, 509 people, representing 205 families, settled in North Dakota during 2015. Of the 509 people, 40% are children.

Refugees in North Dakota are resettled in Fargo, West Fargo, Grand Forks and Bismarck.

New Americans Placement



Source: Lutheran Social Services

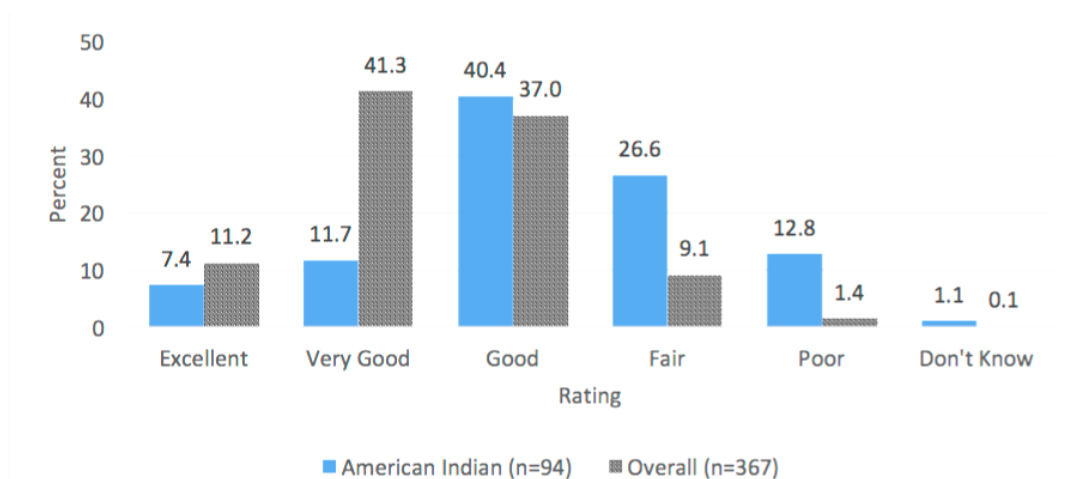
American Indians

Dr. Donald Warne, the American Indian Public Health Resource Center at NDSU, and the North Dakota Public Health Association, conducted a survey in July of 2015 during the "Honoring Tradition of Health and Wellness Community Health Fair" at Carl Ben Eilson Middle School in Fargo. The American Indian population had been underrepresented in the March 2015 general survey. The full survey results can be found here: <https://www.ndpha.org/Fargo-Moorhead-AI-Survey-Results>

II. General Health

Respondents were asked to rate their health. Nearly 40 percent (29.4%) of AI respondents stated their health was "Fair" or "Poor", compared to 10.5% of OA respondents (Figure 10, Appendix Table 2). OA respondents were more than 2.5 times as likely as AI respondents to state their health was "Very Good" or "Excellent" (52.5% vs. 19.1%).

Figure 10. Respondents' rating of their health in general



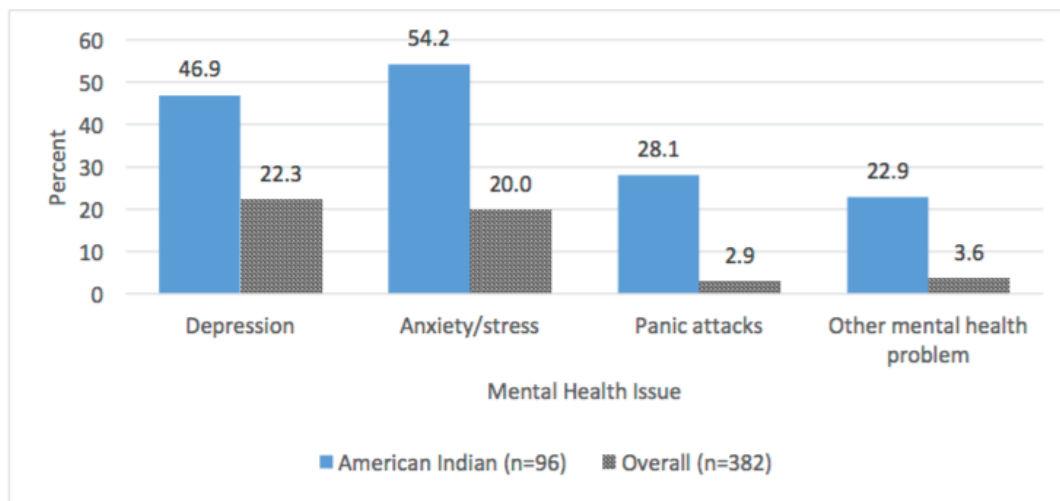
Source: 2015 Greater Fargo-Moorhead Community Health Needs Assessment of American Indian Residents

III. Mental Health

Respondents were asked if they had been told by a doctor or health professional they have any of the following conditions: depression, anxiety/stress, panic attacks, or any other mental health problem. More than half of AI respondents stated they had been diagnosed with anxiety/stress (54.2%), while 46.9% stated they had been diagnosed with depression, 28.1% with panic attacks, and 22.9% with other mental health problems (Figure 12, Appendix Table 6).

AI respondents were twice as likely to state they had been diagnosed with depression as OA respondents (46.9% vs. 22.3%), 2.5 times as likely to state they had been diagnosed with anxiety/stress (54.2% vs. 20.0%), nearly 10 times as likely to state they had been diagnosed with panic attacks (28.1% vs. 2.9%), and 6 times as likely to have been diagnosed with other mental health issues (22.9% vs. 3.6%).

Figure 12. Percentage of respondents who have been told by a doctor or health professional that they have a mental health issue, by type of mental health issue



Respondents were asked if they have any of the following chronic diseases: hypertension, arthritis, diabetes, high cholesterol, asthma, COPD, congestive heart failure, stroke, Alzheimer's, or cancer. AI respondents were most likely to state they have hypertension or arthritis (16.7%, respectively) (Table 8, Appendix Table 18). None of the AI respondents stated they have cancer or Alzheimer's.

AI respondents were much more likely than OA respondents to state they have diabetes (15.6% vs. 6.2%), while OA respondents were more likely than AI respondents to state they have high cholesterol (19.8% vs. 12.5%).

Table 8. Presence of chronic diseases

Chronic diseases	Percent*	
	American Indian (n=96)	Overall (n=382)
Hypertension	16.7	15.1
Arthritis	16.7	14.9
Diabetes	15.6	6.2
High cholesterol	12.5	19.8
Asthma	10.4	3.5
COPD	2.1	1.3
Congestive heart failure	1.0	0.8
Stroke	1.0	0.8
Alzheimer's	0.0	0.1
Cancer	0.0	5.1

*Percentages do not total 100.0 due to multiple responses.

Respondents were asked to specify when they had last visited a doctor/health care provider for a routine physical exam, or a dentist/dental clinic for any reason. Two-thirds (65.3%) of AI respondents stated they had visited a doctor/health care provider in the past year, while less than 52% stated they had visited a dentist/dental clinic for any reason in the past year (Table 9, Appendix Table 19).

OA respondents were more likely than AI respondents to have visited either a doctor/health care provider (73% vs/ 65.3%) or dentist/dental clinic (51.6% vs. 87.2%) in the past year.

Environment

Environmental Quality

Water Quality

The primary water source for Fargo and surrounding areas is the Red River. Our public water system is well monitored and no contaminations were detected that exceeded EPA limits in 2015. Water reports are available here: <https://www.cityoffargo.com/CityInfo/Departments/WaterTreatment/WaterQualityReports/>

Air Quality

There is one Ambient Air Quality monitoring site operated by the North Dakota Department of Health in the eastern part of North Dakota, located in Northwest Fargo. Annual reports and Monitoring Network Plans can be located at: <http://www.ndhealth.gov/aq/ambient.aspx>

Emerging Opioid Crisis

Overdose deaths in North Dakota have increased from 20 deaths in 2013 to 43 deaths in 2014 ([CDC/NCHS, National Vital Statistics System, Mortality](#)). Opioids were involved in 28,647 deaths in 2014 and opioid overdoses have quadrupled since 2000 in the United States, according to the CDC <http://www.cdc.gov/drugoverdose/data/statedeaths.html>

Since the beginning of 2016, Fargo-Moorhead has seen an increase in opioid overdose deaths, specifically in people under 30 years old. Fargo-Moorhead is in the process of coordinating a multi-disciplinary task force to combat this growing crises. Prevention, education, harm reduction strategies, and appropriate treatment opportunities are all needed to address this issue.

Appendix A: 2015 Fargo-Moorhead Community Health Needs Assessment of Residents Results

Using a 1 to 5 scale, with 1 being “not at all” and 5 being “a great deal,” respondents were asked to rate their level of concern with various statements regarding ECONOMICS, TRANSPORTATION, the ENVIRONMENT, CHILDREN AND YOUTH, the AGING POPULATION, SAFETY, HEALTH CARE, PHYSICAL AND MENTAL HEALTH, and SUBSTANCE USE AND ABUSE.

GENERAL HEALTH AND WELLNESS CONCERNS ABOUT YOUR COMMUNITY

Q1-Q9: Considering your community, what is your level of concern with...

Q1. ECONOMICS

a. Availability of affordable housing	2.99
b. Homelessness	3.23
c. Hunger	3.22

Q2. TRANSPORTATION

a. Availability of public transportation	2.55
b. Cost of public transportation	2.45
c. Driving habits (e.g., speeding, road rage)	3.12
d. Availability of good walking or biking options (as alternatives to driving)	3.01

Q3. ENVIRONMENTAL

a. Water quality	3.41
b. Air quality	3.00
c. Home septic systems	2.40
d. Hazardous waste	2.96

Q4. CHILDREN AND YOUTH

a. Availability of services for at-risk youth	3.13
b. Cost of services for at-risk youth	3.18
c. Youth crime	3.49
d. School dropout rates	3.12
e. School absenteeism	2.94
f. Teen pregnancy	3.14
g. Bullying	3.82
h. Availability of activities for children and youth	3.39
i. Cost of activities for children and youth	3.44
j. Availability of quality child care	3.40
k. Cost of quality child care	3.53
l. Availability of quality infant care (birth to 2 years)	3.4
m. Cost of quality infant care	3.50

Q5. THE AGING POPULATION

a. Availability of activities for seniors	3.23
b. Cost of activities for seniors	3.15
c. Availability of resources to help the elderly stay safe in their homes	3.40
d. Availability of resources for family/friends caring for and making decisions for elders	3.44
e. Availability of resources for grandparents caring for grandchildren	3.18
f. Availability of long term care	3.51
g. Cost of long term care	4.11
h. Availability of memory care	3.63

Q6. SAFETY

a. Child abuse and neglect	3.72
b. Elder abuse	3.40
c. Domestic violence	3.72
d. Presence of street drugs, prescription drugs, and alcohol in the community	3.84
e. Presence of drug dealers in the community	3.73
f. Presence of gang activity	3.48
g. Crime	3.74
h. Sex trafficking	3.50

Q7. HEALTH CARE

a. Access to affordable health care	3.92
b. Access to affordable prescription drugs	3.9
c. Access to affordable health insurance	4.04
d. Cost of affordable vision insurance	3.66
e. Cost of affordable dental insurance coverage	3.83
f. Distance to health care services	2.66
g. Providers not taking new patients	3.12
h. Coordinator of care between providers and services	3.14
i. Availability of non-traditional hours (e.g., evenings, weekends)	3.14
j. Availability of transportation	2.74
k. Use of emergency room services for primary health care	3.27
l. Timely access to vision care providers	2.56
m. Timely access to dental care providers	2.79
n. Timely access to prevention programs and services	2.66
o. Timely access to bilingual providers and/or translators	2.11
p. Timely access to transportation	2.37
q. Timely access to doctors, physician assistants, or nurse practitioners	3.30
r. Timely access to physician specialists	3.29
s. Timely access to registered dietitians	2.32
t. Timely access to exercise specialists or personal trainers	2.22
u. Timely access to mental health providers	2.98
v. Timely access to substance abuse providers	2.87

Q8. PHYSICAL AND MENTAL HEALTH

a. Obesity	3.64
b. Poor nutrition and eating habits	3.62
c. Inactivity and lack of exercise	3.78
d. Cancer	3.97
e. Chronic disease (e.g., diabetes, heart disease, multiple sclerosis)	3.81
f. Sexually transmitted diseases (e.g., AIDS, HIV, chlamydia)	2.92
g. Infectious diseases such as the flu	3.5
h. Dementia and Alzheimer's disease	3.76
i. Depression	3.78
j. Stress	3.65
k. Suicide	3.38
l. Other psychiatric diagnosis	3.11

Q9. SUBSTANCE USE AND ABUSE

a. Alcohol use and abuse	3.52
b. Drug use and abuse	3.53
c. Underage drinking	3.54
d. Underage drug use and abuse	3.66
e. Smoking and tobacco use	3.44
f. Exposure to second-hand smoke	3.37

PERSONAL HEALTH

Q10. In general, how would you rate your health?

Excellent	11.2%
Very Good	41.3%
Good	37.0%
Fair	9.1%
Poor	1.4%
Don't know	0.1%

Q12. About how tall are you without shoes?

Q11 & Q12 were calculated to determine BMI

Underweight (BMI less than 18.5)	0.5%
Normal weight (BMI from 18.5 to 24.9)	38.2%
Overweight (BMI from 25.0 to 29.9)	31.7%
Obese (BMI of 30.0 or greater)	29.6%

Q13. A serving of vegetables is one cup of salad greens or a half cup of vegetables-not including French fries. How many servings of vegetables did you have yesterday?

None	7.6%
1 serving	36.6%
2 servings	31.7%
3 servings	14.8%
4 servings	8.1%
5 or more	1.2%

Q14. A serving of fruit is a medium-sized piece of fruit or a half cup of chopped, cut or canned fruit. How many servings of fruit did you have yesterday?

None	19.2%
1 serving	29.7%
2 servings	31.0%
3 servings	16.0%
4 servings	3.0%
5 or more	1.1%

Q15. A serving of 100% fruit juice is 6 ounces. How many servings of fruit juice did you have yesterday?

None	55.7%
1 serving	30.6%
2 servings	10.2%
3 servings	1.6%
4 servings	1.6%
5 or more	0.3%

None	16.5%
1 to 2 days	35.2%
3 to 4 days	28.8%
5 or more days	19.5%

Q17. VIGOROUS activity causes heavy sweating and a large increase in breathing or heart rate. During an average week, other than your regular job, how many days do you get at least 30 minutes of VIGOROUS activity?

None	46.2%
1 to 2 days	32.9%
3 to 4 days	13.3%
5 or more days	7.7%

Q18. Have you ever been told by a doctor or health professional that you have any of the following? (Choose all that apply)

Depression	22.3%
Anxiety/Stress	20.0%
Panic attacks	2.9%
Other mental health problems	3.6%

Q19. Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

None	50.4%
1 to 7 days	32.0%
8 to 14 days	7.4%
15 to 21 days	7.1%
22 to 31 days	3.0%

Q20. Over the past two weeks, how often have you been bothered by any of the following issues?

a. Little interest or pleasure in doing things

Not at all	77.2%
Several days	18.9%
More than half the days	1.7%
Nearly every day	2.2%

b. Feeling down, depressed or hopeless

Not at all	78.3%
Several days	17.9%
More than half the days	2.9%
Nearly every day	1.0%

Q21. Have you smoked at least 100 cigarettes in your entire life? 100 cigarettes = 5 packs)

Yes	33.1%
No	66.9%

Q22. How often do you currently smoke cigarettes?

Every day	4.7%
Some days	3.2%
Not at all	92.1%

Q23. How often do you currently use chewing tobacco or snuff?

Every day	1.1%
Some days	2.7%
Not at all	96.1%

Q24. Where would you first go for help if you wanted to quit using tobacco?

Quitline	5.9%
Doctor	9.9%
Pharmacy	0.6%
Private counselor/therapist	0.1%
Health Department	0.1%
Don't know	7.2%
Not applicable	71.9%
I don't want to quit	0.5%
Other	3.8%

Q25. During the past 30 days, on how many days did you have at least one drink of any alcoholic beverage?

None	26.1%
1 to 7 days	39.2%
8 to 14 days	14.6%
15 to 21 days	10.8%
22 to 31 days	9.3%

Q26. During the past 30 days, on the days when you drank, about how many drinks did you drink on average? A drink is one can of beer, one glass of wine, or a drink with one shot of liquor.

1 drink	42.0%
2 drinks	29.3%
3 drinks	16.2%
4 drinks	6.4%
5 or more drinks	6.1%

Q27. During the past 30 days, how many times did you consume at least 4 or 5 alcoholic drinks (4 for females, 5 for males) on the same occasion (at the same time, or within a couple of hour of each other)?

Almost every day	3.1%
2 to 3 times a week	4.8%
Once a week	8.0%
Once a month	17.3%
Never	66.7%

Q28. Have you ever had a problem with...
Q29. If yes, did you get the help you needed?

a. Alcohol use?

Yes	25.6%
No	30.5%
Didn't need help	43.8%

b. Prescription or non-prescription drug abuse?

Yes	0.0%
No	0.0%
Didn't need help	0.0%

Q30. Over the past two years...

a. Has alcohol use had harmful effects on you or a family member?

Yes	16.1%
No	83.9%

b. Has prescription or non-prescription drug abuse had harmful effects on you or a family member?

Yes	5.8%
No	94.2%

PREVENTIVE HEALTH

Q31a. Have you had this procedure in the past year?

GENERAL SCREENINGS	Yes	No
Blood pressure screening	84.3%	15.7%
Blood sugar screening	58.7%	41.3%
Bone density test	10.8%	89.2%
Cardiovascular screening	26.4%	73.6%
Cholesterol screening	62.3%	37.7%
Dental screening and X-rays	86.4%	13.6%
Flu shot	62.1%	37.9%
Glaucoma test	46.7%	53.3%
Hearing screening	17.8%	82.2%
Immunizations (tetanus, hepatitis A or B)	19.3%	80.7%
Pelvic exam (women's health)	67.0%	33.0%
STD (sexually transmitted disease) screening	4.2%	95.8%
Vascular screening	11.3%	88.7%
CANCER SCREENINGS		
Breast cancer screening (i.e., Mammogram, breast exam, women, age 40+)	65.2%	34.8%
Cervical cancer screening (i.e., Pap smear within 3 years of first sexual intercourse, or by age 21 every 1-3 years, depending on risk factors)	63.4%	36.6%
Colorectal cancer screening (i.e., colonoscopy every 10 years beginning at age 50, fecal occult blood test every year, barium enema every 5 years)	32.3%	67.7%
Prostate cancer screening (i.e., PSA blood test and/or digital exam)	39.4%	60.6%
Skin cancer screening	22.5%	77.5%

Q31b. If you have not had this procedure in the past year, why not?

(Choose all that apply for each procedure)

	Not necessary	Doctor hasn't suggested	Cost	Fear of procedure	Fear of results	Unable to access care	Other reason
GENERAL SCREENINGS							
Blood pressure screening	60.8%	23.0%	5.5%	0.0%	0.0%	0.8%	21.3%
Blood sugar screening	49.6%	36.8%	2.1%	0.0%	0.0%	0.4%	6.7%
Bone density test	48.8%	44.6%	1.1%	0.0%	0.0%	0.2%	3.6%
Cardiovascular screening	45.4%	47.3%	2.9%	0.0%	0.0%	1.5%	3.8%
Cholesterol screening	50.7%	35.8%	4.6%	0.0%	0.0%	0.1%	10.5%
Dental screening and X-rays	23.1%	9.0	28.9%	14.7%	0.4%	0.0%	33.4%
Flu shot	40.9%	3.9%	0.3%	0.7%	1.3%	0.3%	51.6%
Glaucoma test	51.9%	23.9%	4.0%	0.0%	0.0%	0.1%	17.6%
Hearing screening	54.2%	36.1%	1.8%	0.0%	0.1%	0.0%	6.4%
Immunizations (tetanus, hepatitis A or B)	67.6%	21.9%	1.3%	0.0%	0.0%	0.0%	6.6%
Pelvic exam (women's health)	60.2%	12.1%	1.6%	0.7%	0.0%	0.0%	14.3%
STD (sexually transmitted disease) screening	84.9%	7.2%	0.0%	0.0%	0.0%	0.0%	2.8%
Vascular screening	56.0%	34.3%	1.2%	1.0%	0.0%	0.2%	4.7%
CANCER SCREENINGS							
Breast cancer screening	35.5%	28.3%	11.4%	0.0%	5.0%	0.0%	20.0%
Cervical cancer screening	53.6%	24.9%	0.0%	0.0%	0.0%	0.0%	9.2%
Colorectal cancer screening	54.1%	25.2%	1.0%	4.7%	0.3%	0.0%	14.8%
Prostate cancer screening	44.1%	38.9%	0.6%	3.9%	0.2%	0.0%	13.4%
Skin cancer screening	46.4%	38.7%	1.6%	0.2%	1.2%	1.3%	9.2%

Q32. Do you have any of the following chronic diseases? (Choose all that apply)

Diabetes	6.2%
Hypertension	15.1%
High Cholesterol	19.8%
Congestive Heart Failure	0.8%
COPD	1.3%
Arthritis	14.9%
Alzheimer's	0.1%
Asthma	3.5%
Stroke	0.8%
Cancer	5.1%

Q33. About how long has it been since you last visited a doctor or health care provider for a routine physical exam?

Within the past year	73.0%
1 to 2 years	13.8%
3 to 5 years	7.1%
6 or more years	2.8%
Don't know	1.5%
Never	1.9%

Q34. About how long has it been since you last visited a dentist or dental clinic for any reason?

Within the past year	87.2%
1 to 2 years	4.8%
3 to 5 years	5.0%
6 or more years	1.6%
Don't know	1.3%
Never	0.2%

Q35. Where do you get most of your health-related information? (Choose all that apply)

Government websites (i.e., local public health, CDC)	8.3%
Non-government websites (i.e., WebMD)	32.1%
Television	16.8%
Magazine, newspapers, or books	21.1%
Medical professional	79.9%
Alternative health specialist	5.9%
Family or friends	29.9%
Health Helpline (telephone)	3.3%
Other	5.1%

Q36. What is the best way for you to access technology for health information?
(Choose all that apply)

Personal computer or tablet	82.7%
Public computer (e.g., library, community center)	1.2%
Smart phone	22.9%
Other	4.7%

DEMOGRAPHIC INFORMATION

Q37. What is your age?

Prime labor force (18 to 54 years of age)	72.1%
Pre-retirees (55 to 64 years of age)	13.8%
Retirees (65 years or older)	14.2%

Q38. What is your highest level of education?

Some high school	0.1%
High school diploma or GED	10.4%
Some college, no degree	16.8%
Associate's degree	17.1%
Bachelor's degree	35.0%
Graduate or professional degree	20.2%
Prefer to not answer	0.4%

Q39. What is your gender?

Male	51.1%
Female	49.9%
Prefer to not answer	0.0%

Q40. What best describes your race/ethnicity? (Choose all that apply)

White	97.3%
Black or African American	0.2%
Native American or Alaska Native	0.1%
Asian or Pacific Islander	0.1%
Hispanic	0.9%
Prefer to not answer	1.3%

Q41. What is your approximate annual household income before taxes?

Less than \$20,000	3.2%
\$20,000 to \$39,999	9.5%
\$40,000 to \$69,999	16.2%
\$70,000 to \$119,999	30.3%
\$120,000 or more	30.8%
Prefer to not answer	10.0%

Q42. How would you best describe your current employment status?

Employed for wages	65.9%
Self-employed	11.1%
Homemaker	3.8%
Retired	15.6%
A student	2.7%
Unable to work	0.8%
Out of work - less than 1 year	0.0%
Out of work - 1 year or more	0.1%

Q43. How long have you lived in your community?

Less than 2 years	3.7%
2 to 5 years	5.0%
More than 5 years	91.3%

Q44. Do you own or rent your home?

Own	93.3%
Rent	6.6%
Prefer to not answer	0.1%
Other	0.0%

Q45. Do you have health insurance (private, public, or governmental)?

Yes	99.0%
No	1.0%
Don't know	0.0%

Q46. Do you have oral health or dental care insurance coverage?

Yes	76.5%
No	23.3%
Don't know	0.2%

Q47. Do you have one person who you think of as your personal doctor or health care provider?

Yes, only one	53.4%
Yes, more than one	28.5%
No	18.0%
Don't know	0.1%

Q48. Where do you go most often when you're sick? (Choose ONE)

Physician's office	66.2%
Urgent care	28.4%
Public Health Dept.	0.0%
Hospital emergency room	1.6%
Other free or discounted clinic	3.8%

Q49. Where do you most often take your child when they are sick? (Choose ONE)

Physician's office	63.5%
Urgent care	28.8%
Public Health Dept.	0.0%
Hospital emergency room	0.0%
Other free or discounted clinic	7.8%%

Q50. How many children younger than 18 years of age live in your household?

None	53.4%
1 to 2	35.8%
3 to 5	10.8%
6 or more	0.0%

Q51. How many adults age 65 or older live in your household?

None	82.0%
1 to 2	17.9%
3 to 5	0.1
6 or more	0.0%

Q52. Are all children in your home current on their immunizations?

Yes	98.1%
No	1.9%
Don't know	0.0%
Not applicable	0.0%

Q53. Do all children in your home, age 6 month or older, get a flu shot or flu mist each year?

Yes	73.5%
No	26.0%
Don't know	0.5%
Not applicable	0.0%